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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/046433	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101				1			151					1
102				1			152					1
103			1				153					1
104			1				154					1
105				1			155					1
106				1			156					1
107				1			157					1
108				1			158					1
109				1			159					1
110				1			60					
111				1			61					
112				1			62					
113				1			63					
114				1			64					
115				1			65					
116				1			66					
117				1			67					
118				1			68					
119				1			69					
120				1			70					
121				1			71					
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136				1			86					
137				1			87					
138				1			88					
139				1			89					
140				1			90					
141				1			91					
142				1			92					
143				1			93					
144				1			94					
145				1			95					
146				1			96					
147				1			97					
148				1			98					
149				1			99					
150				1			100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

CLAIMS ONLY						SERIAL NO. 10/046433	FILING DATE
						APPLICANT(S)	
CLAIMS							
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
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33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.
TOTAL DEP.	1	1	1	1	1	1	TOTAL DEP.
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS